

KENTUCKY DEPARTMENT OF INSURANCE

215 WEST MAIN STREET / P.O. BOX 517 / FRANKFORT, KENTUCKY 40602
502-564-6082 FAX 502-564-4604

Current Schedule Of Insurer Fees, Taxes And Deposits

• SECTION 1 - FEES

FEES FOR ADMISSION – (Due at time of application)

	Foreign Insurers	Domestic Insurers
Original Certificate of Authority	\$ 500.00	\$ 500.00
Filing Charter Documents (Articles and Bylaws)	100.00	100.00
Filing Annual Statement	100.00	
	_____	_____
Total Admission Fees	\$ 700.00	\$ 600.00

REMINDER:

Kentucky is a retaliatory state and all fees, premium taxes, deposits will be charged at the rate in Kentucky Law or the rate charged by the domiciliary state, whichever is higher.

ANNUAL RENEWAL FEES – (Due March 1)

	Foreign Insurers	Domestic Insurers
Filing Annual Statement	\$ 100.00	\$ 100.00
Renewal of Certificate of Authority	100.00	100.00
Audited Financial Statement	100.00	100.00
Quarterly Statements	N/A	300.00
	_____	_____
Total Renewal Fees	\$ 300.00	\$ 600.00

MISCELLANEOUS FILING FEES – (Due at time of filing)

Amended Certificate of Authority	\$ 50.00
Amended Articles of Incorporation	50.00
Amended Bylaws	50.00
Miscellaneous Filings	5.00

CONTACT INFORMATION:

If you have any questions or need assistance, please contact the
Financial Standards and Examination Division at DOI.FinancialStandards&Examinations@ky.gov
or call Phone 502-564-6082 • Fax at 502-564-4604

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• SECTION 2 - TAXES

PREMIUM TAXES – (Due March 1)

Please refer to KRS 136.320 thru 410 for state premium taxes. All state premium taxes must be forwarded, by March 1, to the:

Kentucky Department of Revenue
P. O. Box 1303
Frankfort, KY 40602-1303
Phone: 502-564-4810

OR

Kentucky Department of Revenue
501 High St.
Frankfort, KY 40601
Phone: 502-564-4810

For municipal premium taxes, please refer to KRS 91A-080 and contact:

Kentucky Department of Insurance
Consumer Protection Division - Municipal Tax Section
P.O. Box 517
Frankfort, KY 40602-0517

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• SECTION 3 – DEPOSITS – (In place at time of Admission)

For Life & Health, Property & Casualty, Title (Both foreign and domestic)

A deposit in the state of domicile \$1,000,000
for the benefit of **all** policyholders

For Limited Health Service Organizations (Both foreign and domestic)

A deposit in Kentucky \$ 50,000

For Health Maintenance Organizations (Both foreign and domestic)

A deposit in Kentucky \$ 500,000

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- SECTION 4 – MINIMUM CAPITALIZATION REQUIRED FOR ADMISSION –
(In place at time of admission)

Life & Health, Health Maintenance Organization, Property & Casualty, Title

STOCK COMPANY-----

Paid Up Capital	\$1,000,000
Unimpaired Surplus	2,000,000

Total Surplus to policyholders	\$3,000,000
Including capital stock	

MUTUAL COMPANY-----

Unimpaired Surplus	\$3,000,000
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Limited Health Service Organization

Net Worth	\$ 250,000
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